

# SERVICE PROFESSIONALS, INC.

1924 Fendley Drive North Little Rock, AR 72116

**APPLICATION FOR EMPLOYMENT (501)372-5400 Fax (501)801-1717**

[www.sp-inc.com](http://www.sp-inc.com)

Instructions: Please PRINT all information except your signature.

## PERSONAL DATA

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ Cell/Home  
No. Street Apt # Phone (\_\_\_\_) \_\_\_\_\_  
Area Code  
City State Zip Work/Message  
Phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Are you at least 18 years of age?  Yes  No  
If hired, can you furnish proof that you are legally permitted to work in the United States?  Yes  No

### Have you ever been convicted of a crime or do you have any criminal charges pending?

Yes  No If yes, please explain.

Misdemeanor (Date and offense) \_\_\_\_\_.

Felony (Date and offense) \_\_\_\_\_.

Position desired: \_\_\_\_\_ Shift \_\_\_\_\_,  FT  PT  Temp  
Location Desired: LR NLR ANY Date available for work: \_\_\_\_\_

Available for Weekends? Yes No

Are you bi-lingual?  Yes  No

Spanish: Written fluency Verbal fluency Both \_\_\_\_\_

Other (list) Written fluency Verbal fluency Both \_\_\_\_\_

How did you learn about Service Professionals, Inc.?

- Walk-In
- Web-site
- Facebook
- Employee Referral (List name) \_\_\_\_\_
- Newspaper
- Other: \_\_\_\_\_

List any relatives currently employed by Baptist Health and/or Service Professionals, Inc.

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

### EXPERIENCE IN: (check all that apply)

- Housekeeping / Janitorial
- Floor Care, Buffing, Stripping & Refinishing Floors
- Food Service
- Grounds
- Maintenance / Bio-Med / Engineering
- Hospitals
- Hotels
- Factories
- Office Buildings
- Other (specify) \_\_\_\_\_.

Were you previously employed with Service Professionals or Baptist Health?  Yes  No

If yes, at which Facility? \_\_\_\_\_ When? \_\_\_\_\_ to \_\_\_\_\_.

Your name at that time \_\_\_\_\_

**EDUCATION AND TRAINING**

Circle highest grade completed: 10 11 12 GED Tech School College 1 2 3 4 5 6

\_\_\_\_\_ Did you Graduate?  Yes  No  
 High School \_\_\_\_\_ City/State \_\_\_\_\_ Type of Certification \_\_\_\_\_  
 \_\_\_\_\_ Did you graduate?  Yes  No  
 College \_\_\_\_\_ City/State \_\_\_\_\_ Degree/Major \_\_\_\_\_  
 \_\_\_\_\_ Did you Graduate  Yes  No  
 Graduate School \_\_\_\_\_ City/State \_\_\_\_\_ Type of Certification \_\_\_\_\_  
 Have you served in the armed forces?  Yes  No Dates of Service \_\_\_\_\_  
 Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

FROM	TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE & DUTIES <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Mo./Yr.	Mo./ Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Zip	<b>REASON FOR LEAVING:</b>
		Supervisor Phone	
FROM	TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE & DUTIES <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Mo./Yr.	Mo./ Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Zip	<b>REASON FOR LEAVING:</b>
		Supervisor Phone	
FROM	TO	NAME & ADDRESS OF EMPLOYER	JOB TITLE & DUTIES <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Mo./Yr.	Mo./ Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Zip	<b>REASON FOR LEAVING:</b>
		Supervisor Phone	

**I certify that the information given is true and correct. I understand any misrepresentations or omissions of fact, whenever discovered, shall be cause for rejection of this and subsequent applications and for discipline including immediate termination.**

**May we contact your present employer?**  Yes  No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_